

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035635

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 244

Primary Registration District No. 3052

Registrar's No. 359

STATE FILE NUMBER

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Sedalia

Length of stay in lb  
40 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Sedalia

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 408 East Second

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
408 East Second

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

ERVIN

EDWARD

BURNS

4. DATE OF DEATH

Month

Day

Year

Sept. 28, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

12/19/74

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Laborer

10b. KIND OF BUSINESS OR INDUSTRY  
General labor

11. BIRTHPLACE (City and state or country)  
Mercer County, Iowa

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

William Burns

13b. MOTHER'S MAIDEN NAME

not known

14. NAME OF HUSBAND OR WIFE

Della Davis Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
\*\*\*\*\*

17. INFORMANT

408 East Second  
Edward Ray, Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion  
Chronic myocarditis  
Arterio sclerotic Hypertension

INTERVAL BETWEEN ONSET AND DEATH  
2 days  
unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Senility

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 16-62 to 9-28-62 and last saw him alive on 9-25-62  
Death occurred at 2:10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

A. R. Maddox M.D.

22b. ADDRESS

Sedalia MO

22c. DATE SIGNED

10-1-62

23a. BURIAL, CREMATION, REMOVAL (specify)  
Burial

23b. DATE  
10/1/62

23c. NAME OF CEMETERY OR CREMATORY  
New Bethel Cemetery

23d. LOCATION (City, town, or county)  
Rural Pettis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thorne, Irving Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

Oct 1, 1962

26. REGISTRAR'S SIGNATURE

Francis Shelby for N. Anderson

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10908

20808

3

4 0

5 3

6

7 1

8 2

9 420.1

10

11

12 90.0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.